

CITY OF KANSAS CITY
KANSAS CITY HEALTH DEPARTMENT
AIR QUALITY PROGRAM, 3RD FLOOR
2400 TROOST AVENUE
KANSAS CITY, MISSOURI 64108

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)
FORM 1.0 GENERAL PLANT INFORMATION

										SHADED AREAS FOR OFFICE USE ONLY			
FACILITY NAME					FIPS COUNTY NO.		PLANT NO.			YEAR OF DATA			
FACILITY STREET ADDRESS							REGION		CLASSIFICATION PERMITS				
CITY			ZIP CODE		FACILITY PHONE NUMBER ()								
FACILITY MAILING ADDRESS					PRODUCT/PRINCIPAL ACTIVITY					SIC			
CITY			ZIP CODE		NUMBER OF EMPLOYEES			LAND IN ACRES					
FACILITY CONTACT PERSON			TITLE		WHERE TO SEND EIQ IN FUTURE (CHECK ONE) <input type="checkbox"/> FACILITY MAILING ADDRESS <input type="checkbox"/> PARENT CO. MAILING ADDRESS								
	LATITUDE		LONGITUDE		UTM COORDINATES								
DEGREES					ZONE		EASTING (M)		NORTHING (M)				
MINUTES					CTSR LEGAL DESCRIPTION								
SECONDS					(1/4):	(1/4):	SECTION		TOWNSHIP		RANGE		
PARENT COMPANY NAME					CONTACT PERSON				PHONE NUMBER ()				
MAILING ADDRESS					CITY				STATE	ZIP CODE			
TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)													
PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5		NH3				
<p>The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statements to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.</p>													
PRINT NAME OF PERSON COMPLETING FORM					TITLE		CHECK AMOUNT						
SIGNATURE					DATE		CHECK NUMBER						
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE					TITLE		CHECK DATE						
SIGNATURE					DATE		OFFICE USE ONLY						
							LOGGED IN BY		DATE RECEIVED				